

Pre-registration deadline is May 14, 2009, at 11:59 p.m. EST. (After deadline, registration will be available onsite)

CONTACT INFORMATION

First Name: _____ Last Name: _____

Designation: MD DO PhD PA NP RN RT RT (R) RCIS Other:

Medical Center/Hospital/Company: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Daytime Phone: _____ Fax: _____

Email Address (Required to receive certificate information & confirmation): _____

Pursuant to the Americans with Disabilities Act, please specify any special services you require: _____

SPECIALTY/REGISTRATION TYPE (Please select only one)

PHYSICIAN Interventional Cardiology Clinical Cardiology Vascular Surgery Neurology
 Interventional Radiology Neurosurgery Clinical Radiology Vascular Medicine
 Internal Medicine Other

ASSOCIATED HEALTH PROFESSIONAL Physician Assistant Registered Nurse Nurse Practitioner
 Technologist

INDUSTRY/OTHER Industry Professional Scientist Engineer
 Other (Please Specify) _____

REGISTRATION FEES

REGISTRATION TYPE	Before March 31, 2009	On Or After March 31, 2009
<input type="checkbox"/> Physician	\$850	\$950
<input type="checkbox"/> Fellow *	\$350	\$400
<input type="checkbox"/> Physician Assistant, Nurse, Technologist	\$350	\$400
<input type="checkbox"/> Industry Professional, Scientist, Engineer	\$850	\$950
<input type="checkbox"/> Nurse/Technologist Course Only	\$150	\$200

* Fellows. A letter of fellowship status from your program director is required in order to qualify for the reduced fee. Please fax letter to 305-279-8221 for approval.

PAYMENT INFORMATION

Visa MasterCard AmericanExpress
 Check (Please make check payable to Complete Conference Management Escrow)

Card Number: _____ Expiration Date: _____ VCode(Visa Only): _____

Name as it appears on card: _____

Authorized Signature: _____ Date: _____

CANCELLATION POLICY: Cancellations received in writing no later than April 29, 2009, will be refunded, less a \$50 administrative fee. Cancellations received after April 29, 2009, will not be refunded.

REGISTRATION METHOD Please submit this form along with payment to:

Complete Conference Management
 11440 N. Kendall Drive, Suite 306
 Miami, Florida 33176
 Fax: 305-279-8221

IF FAXING THIS FORM, PLEASE DO NOT MAIL.

We regret that we cannot accept registrations by telephone.

Questions? Phone: 305-279-2263 ♦ Toll Free: 888-334-7495 ♦ Questions@ccmcm.com

